Justice Quality Improvement Collaborative Session #4: 4/15/26

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Arizona State University

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

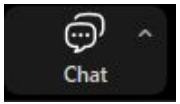
Agenda

Time	Topic	Presenter
12:00 PM to 12:05 PM	Opening & Updates	Matthew Martin, PhD
12:05 PM to 12:30 PM	Non-Medical Drivers of Health (NMDOH) • Network Status & Performance Implications • Dashboard	Taylor Vaughan, MPH
12:30 to 12:35 PM	NMDOH Polling	Matthew Martin, PhD
12:35 PM to 12:45 PM	Provider Spotlight Presentation on NMDOH	April Thornton, Southwest Behavioral Health Services
12:45 PM to 12:58 PM	Q&A	Matthew Martin, PhD
12:58 PM to 1:00 PM	Closing	Kailey Love, MBA, MS

Learning Objectives

1. Describe strategies to facilitate population health management improvement.
2. Critically analyze the application of improvement methods and techniques to improve HEDIS quality metrics.
3. Evaluate strategies to identify and address upstream drivers of health for high risk populations
4. Explore process improvement strategies for population health management

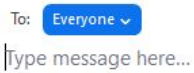
Guidelines



Do not enter your name or organization in the Chat. Zoom will automatically record your attendance. Please only use the chat for questions and comments.

Participants will automatically be muted and videos off as they join.

When interested in participating in the discussion, please raise your hand and unmute yourself.



Please drop your questions into the Chat. If we do not have time to address your question, we will compile all questions into a FAQ document and distribute post-event.

Disclosure

This is a CME activity

Acknowledgment: This CME event is not supported by any commercial entity.

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Credit Statement: Arizona State University designates this live activity for a maximum of 1-credit from the following:

- ***AMA PRA Category 1 Credit™ – CME – 1 credit hour per session***
- ***Nursing Continuing Professional Development – NCPD – 1 credit hour per session***
- ***Psychology – CEP – 1 credit hour per session***
- ***Social Work – ACE – 1 credit hour per session***
- ***Interprofessional Continuing Education – IPCE – 1 credit hour per session***

**Providers should only claim credit commensurate with the extent of their participation in the activity.*

Updates

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AHCCCS Office Hours Reminders

- AHCCCS-Led Office Hours are general meetings hosted by AHCCCS to address concerns, questions and comments regarding TI 2.0.
- Upcoming General Office Hours:
  - Monday, April 20, 2026 at 12 PM (Arizona Time) - **Register Here**

For meeting information including meeting materials, contact the TI Team at the following email: targetedinvestments@azahcccs.gov

ASU TIPQIC Reminders

- ASU TIPQIC is upgrading to MY HEDIS® 2025 measure specifications for Year 4 performance measure calculations
  - Please visit tipqic.org/measures to see the measure detail guides and health plan billing guidance
- Want to know who is in your numerator and denominator? Complete **data harmonization** with ASU TIPQIC!
  - Email tipqic@asu.edu and following the naming instructions listed on the “Data Harmonization” section under tipqic.org/perfimp

Table 1 Targeted Investments (TI) 2.0 Year 4 Milestones and Incentive Percentages			
MILESTONES	**JUSTICE** **INCENTIVE % OF ANNUAL PAYMENT**		
M1. Performance Measures	**50**		
	IET-E	**FUA7**	**FUM7**
	20	**15**	**15**
M2. Screening and Referral Systems for Nonmedical Drivers of Health	**25**		
M3. Closed Loop Referral System (CLRS)	**15**		
M4. Quality Improvement Collaboratives (QICs)	**10**		

Network Performance Snapshot

- TI 2.0 Justice providers are outperforming non-TI providers on all Year 4 measures
  - Also outperforming the national average on all metrics

Measure	AOC Performance	Non-TI Performance
IET-E	47.2%	17.6%
FUA7	41.1%	33.2%
FUM7	47.5%	35.2%

HEDIS MY 2023 performance for the report period ending October 31, 2025 is calculated with claims/encounter data adjudicated through January 31, 2026.

Network Performance Snapshot

- Among the 17 unique TINs participating in the Justice AOC,
  - IET-E:
    - 4 are currently exceeding their target
    - 9 are exceeding or within 5% of meeting their target
    - 10 are exceeding or within 10% of meeting their target
  - FUM7:
    - 4 are currently exceeding their target
    - 5 are exceeding orwithin 5% of meeting their target
  - FUA7:
    - 3 are currently exceeding their target
    - 4 are exceeding or within 5% of their target
    - 7 are exceeding or within 10% of meeting their target

HEDIS MY 2023 performance for the report period ending October 31, 2025 is calculated with claims/encounter data adjudicated through January 31, 2026.

Non-Medical Drivers of Health (NMDOH)

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Importance of NMDOH

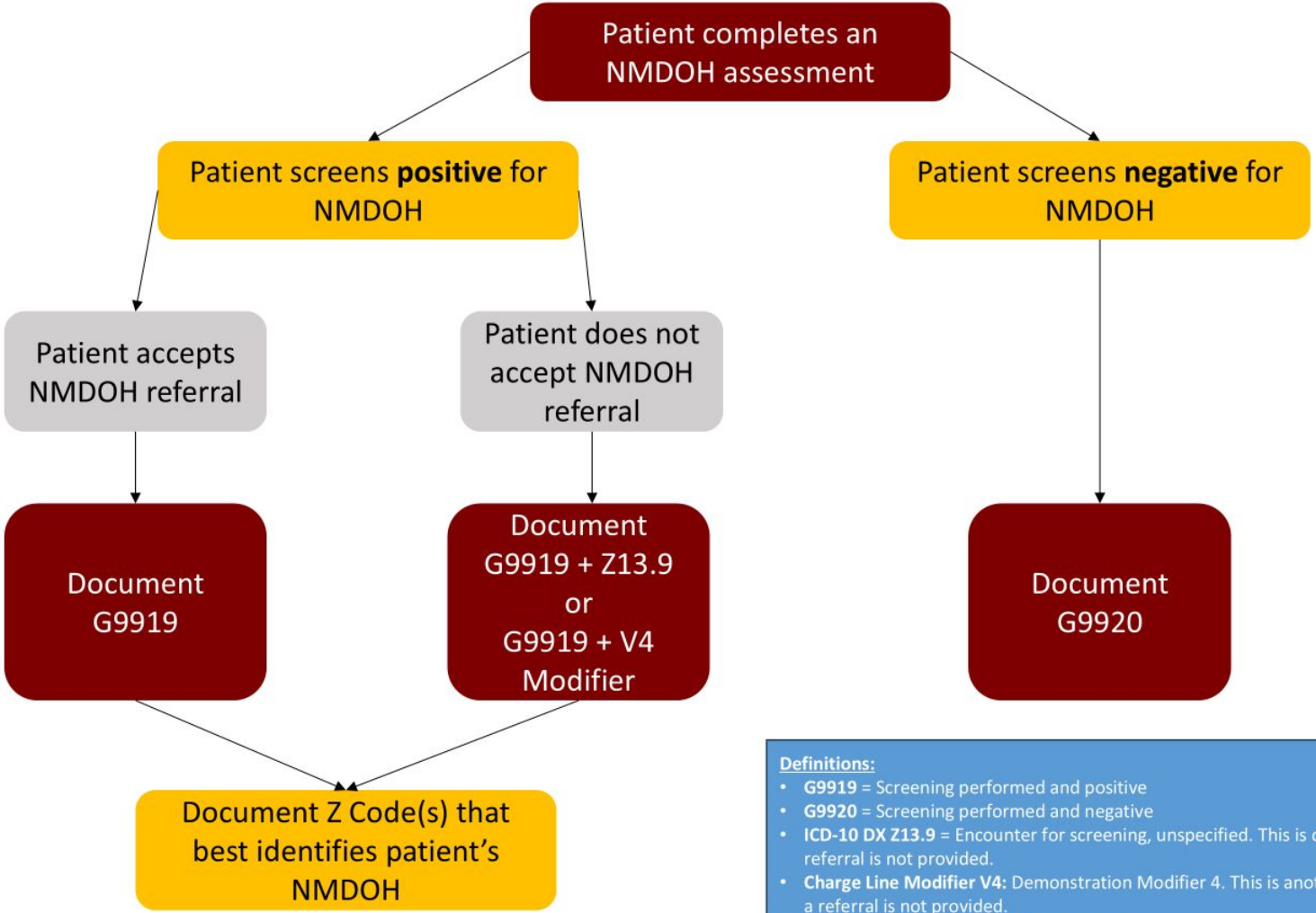
- Addressing NMDOH, along with clinical care, is important to improving HEDIS measure performance
- Unmet social needs contribute to:
  - Missed or delayed appointments
  - Gaps in continuity of care
  - Lower medication adherence
  - Reduced access to preventive services
- Integrating screening, referral, and follow-up for social needs can help:
  - Close care gaps
  - Improve engagement
  - Support sustained health outcomes

Addressing NMDOHs in the TI 2.0 Program

M2A – ATTEST to screening members annually using an evidence based, standardized screening tool that includes (at least) for all eight required domains: (Housing instability, Utility assistance, Food insecurity, Transportation needs, Interpersonal safety, Social isolation/support, Employment, and Justice involvement).

M2B - ATTEST to documenting nonmedical drivers of health screening and referral results via consistent submission of claims using G procedure codes (G9919 and G9920), V4 modifier, and Z diagnosis codes as appropriate.

Year 4 Milestone Requirements



Definitions:

- **G9919** = Screening performed and positive
- **G9920** = Screening performed and negative
- **ICD-10 DX Z13.9** = Encounter for screening, unspecified. This is one option to use when referral is not provided.
- **Charge Line Modifier V4:** Demonstration Modifier 4. This is another option to use when a referral is not provided.
- **NMDOH ICD-10 DX Z codes:** Z55x – Z65x.

Billing Reminders

- An NMDOH Z code (Z55x-Z65x) should always be reported with G9919
  - Only **52.9%** of positive screenings among Justice-involved patients follow this guideline.
- If a patient screens positive but declines a referral, do not submit G9919 + V4 modifier + Z139. **Choose either G9919 + V4 OR G9919 + Z139.** Submitting both will result in an error.
- See the “NMDOH* Screening & Referral Guides” section on the TIPQIC website at https://tipqic.org/measures.html

NMDOH G/Z code results were calculated using claims and MCO supplemental claim files submitted between November 1, 2024, and October 31, 2025. This analysis is limited to G code claims submitted by Justice providers for Justice-involved patients over 18 years old.

NMDOH Data & System Status

- A total of 1,295 NMDOH screenings were completed for 1,028 unique Justice-involved patients by 16 Justice providers between November 1, 2024, and October 31, 2025.
  - **1 Justice TIN has not yet submitted a G code for a Justice-involved patient.**
- Most screenings identified at least one NMDOH need (69%; N = 894), while 31% (N = 401) screened negative.
- Among screenings with an identified need, 83.4% (N = 746) resulted in a referral.

NMDOH G/Z code results were calculated using claims and MCO supplemental claim files submitted between November 1, 2024, and October 31, 2025. This analysis is limited to G code claims submitted by Justice providers for Justice-involved patients over 18 years old.

NMDOH Data & System Status

Domain	Count
Justice-Involvement	**264**
Employment	**153**
Housing	**121**
Larger Economic Conditions	50
Education	40

NMDOH G/Z code results were calculated using claims and MCO supplemental claim files submitted between November 1, 2024, and October 31, 2025. This analysis is limited to G code claims submitted by Justice providers for Justice-involved patients over 18 years old.

HEDIS Performance and G Codes

- Screening impacts Justice measureperformance
  - IET-E - 5% higher performance for screened group
  - FUM7 - 9% higher performance for screened group
  - FUA - 21% higher performance for screened group
- Among screened patients, the most frequently identified needs were employment and justice-involvement.

NMDOH G/Z code results were calculated using claims and MCO supplemental claim files submitted between November 1, 2024, and October 31, 2025. This analysis is limited to G code claims submitted by Justice providers for Justice-involved patients over 18 years old. HEDIS MY 2023 performance for the report period ending October 31, 2025 is calculated with claims/encounter data adjudicated through January 31, 2026.

TI 2.0 NMDOH Dashboard

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Provider NMDOH Dashboard Overview

- Available now at: data.tipqic.org
- Newly developed dashboard displaying your provider organization's use of NMDOH G/Z codes
  - Claims are received monthly from the six ACC/ACC-RBHA health plans
- Dashboard features
  - Each time period reflects G/Z codes submitted for that month
  - The main bar chart displays total G codes submitted per month, color-coded by whether an NMDOH need was identified
  - Among positive screens, identified NMDOH needs in your patient population are shown, stratified by referral status
- Dashboard instructions are available at https://tipqic.org/dashboard.html

TIPQIC NMDOH Coding Dashboard

TIP QIC Targeted Investments Program Quality Improvement Collaborative

Definitions

Screening Results:

- NMDOH Need Identified: G9919, G9919 + V4 modifier, or G9919 + Z139
- No Needs Identified: G9920

NMDOH Need Identified	Z Codes
Education	Z55, Z550, Z551, Z552, Z553, Z554, Z555, Z556, Z558, Z559
Employment	Z560, Z561, Z562, Z563, Z564, Z565, Z566, Z5681, Z5682, Z5689, Z569, Z570, Z571, Z572, Z5731, Z5739, Z574, Z575, Z576, Z577, Z578, Z579
Food Insecurity	Z594, Z5941, Z5948
Housing & Shelter	Z5901, Z5902, Z5910, Z5911, Z5912, Z5919, Z592, Z593, Z59811, Z59812, Z59819
Interpersonal Safety	Z630, Z631, Z6372, Z638, Z639
Justice & Legal	Z650, Z651, Z652, Z653, Z654, Z655
Social Isolation	Z600, Z602, Z603, Z604, Z605, Z608, Z609, Z6379
Transportation	Z5982, Z758
Utility Assistance	Z5881, Z5889, Z5911, Z5912, Z599
Larger Economic Conditions	Z595, Z596, Z597, Z5986, Z5987, Z5989
Larger Social Conditions	Z620, Z621, Z6221, Z6222, Z6223, Z6224, Z6229, Z623, Z626, Z62810, Z62811, Z62812, Z62813, Z62814, Z62815, Z62819, Z62820, Z62821, Z62822, Z62823, Z62831, Z62832, Z62833, Z62890, Z62891, Z62892, Z62898, Z629, Z6331, Z6332, Z634, Z635, Z636, Z6371, Z640, Z641, Z644, Z658, Z659, Z733

Please contact us at tipqic@asu.edu with questions, feedback, or ideas about this dashboard.

TIPQIC NMDOH Coding Dashboard

TIP QIC Targeted Investments Program Quality Improvement Collaborative

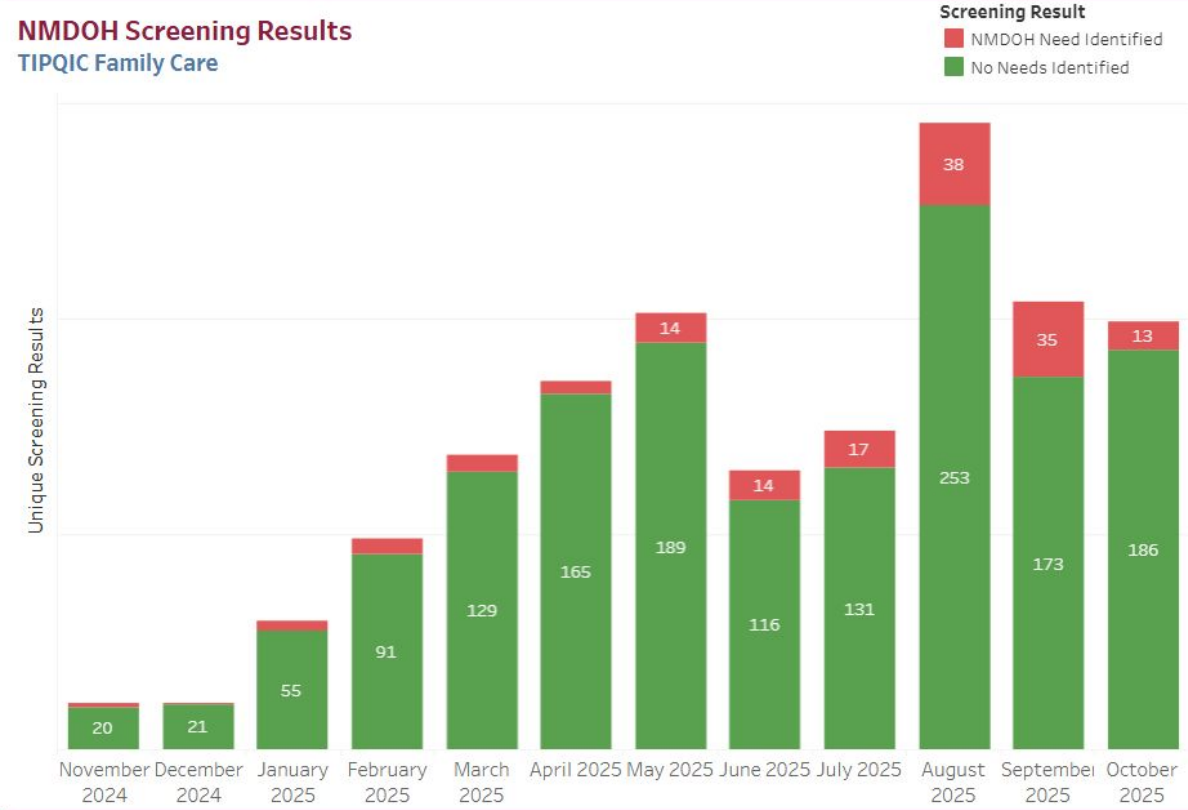
Provider Name: TIPQIC Family Care

Month: (All)

Total NMDOH Needs Identified by Provider Organization: 88

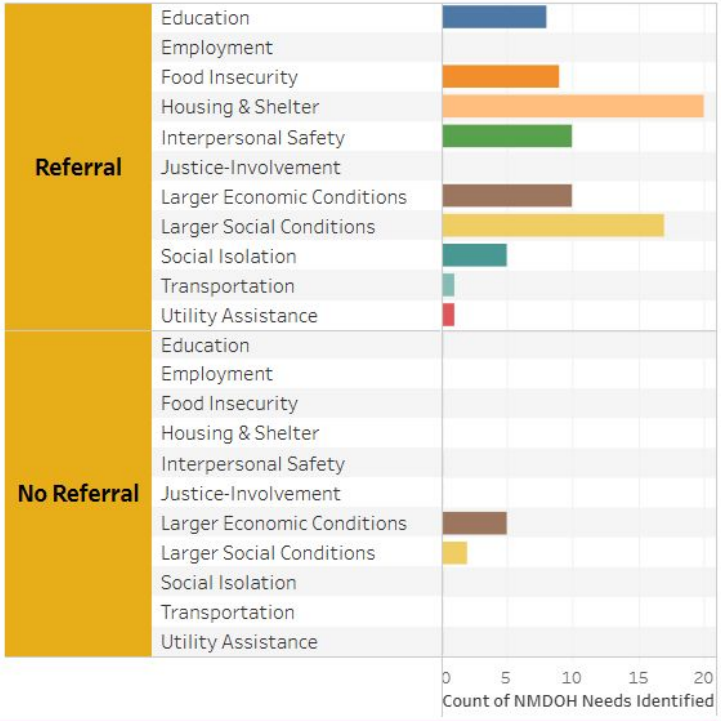
NMDOH Screening Results

TIPQIC Family Care



NMDOH Needs Identified by Referral Status

TIPQIC Family Care



Dashboard last updated **March 4, 2026**. Analysis performed with claims and MCO supplemental file data adjudicated through **January 31, 2026**. Counts less than 10 are suppressed (*).

Please contact us at tipqic@asu.edu with questions, feedback, or ideas about this dashboard.

TIPQIC NMDOH Coding Dashboard

TIP QIC Targeted Investments Program Quality Improvement Collaborative

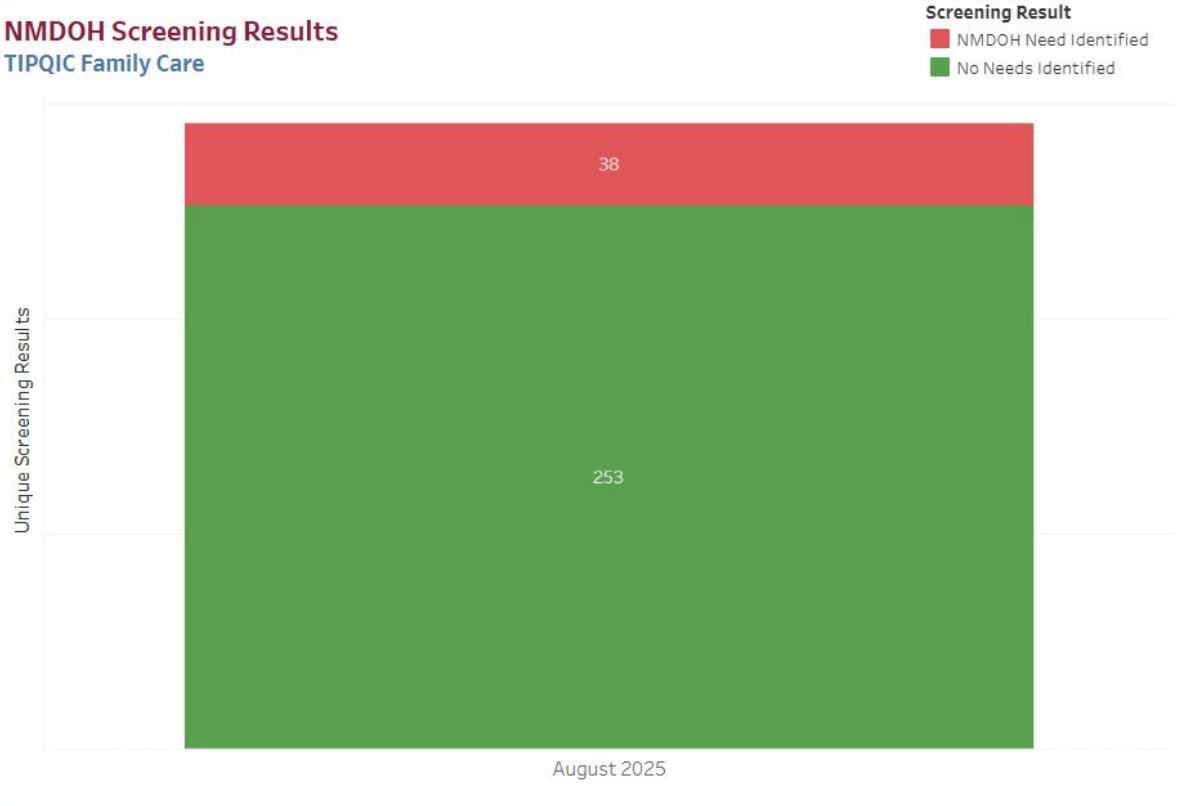
Provider Name: TIPQIC Family Care

Month: August 2025

Total NMDOH Needs Identified by Provider Organization: 23

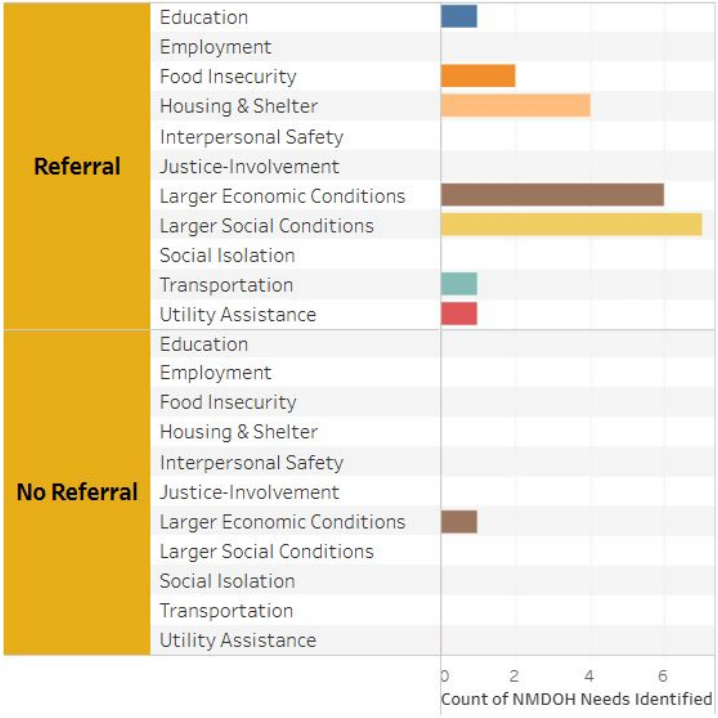
NMDOH Screening Results

TIPQIC Family Care



NMDOH Needs Identified by Referral Status

TIPQIC Family Care



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NMDOH Polling

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NMDOH Polling Questions

- Do you currently screen all patients for NMDOH at least once per year?
  - Yes / No / Only high-risk patients
- Does your team have a system to track closed-loop referrals for social needs?
  - Yes / No / Partially
- How confident are you that your current NMDOH screening and referral process impacts HEDIS performance?
  - Very confident / Somewhat confident / Not confident
- Which NMDOH domain most affects your AOC's HEDIS measures?
  - Transportation, Housing & Shelter, Food Insecurity, Employment, Other
- Are your staff consistently documenting NMDOH screenings in the EHR?
  - Always / Sometimes / Rarely / Never

Provider Spotlight

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SOUTHWEST BEHAVIORAL & HEALTH SERVICES

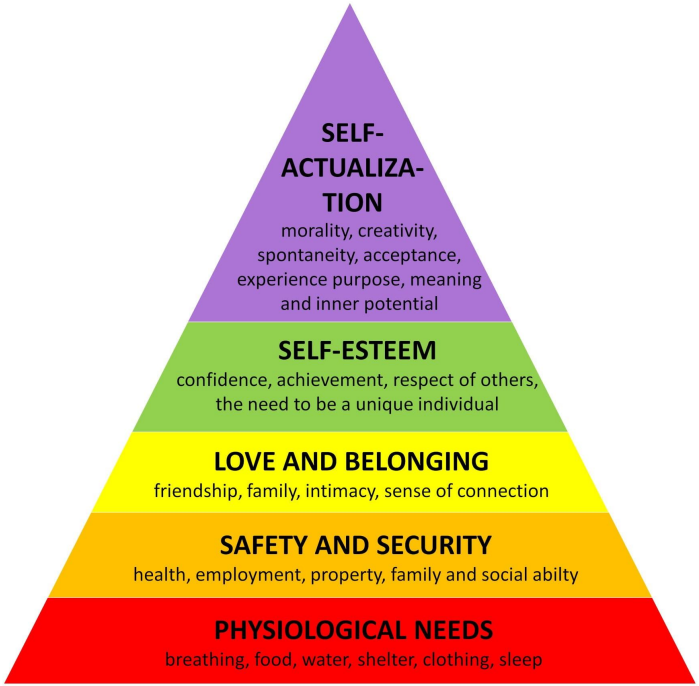
Impacting People, Improving Communities

Southwest Behavioral & Health
TIPQIC Justice QIC
April 15, 2026

From Screening to Resolution: Building a Sustainable NMDOH Model

Why NMDOH Matters

- Root Cause Approach: Clinical care is limited if a patient is struggling to afford medication, food, or safe housing, which directly trigger or worsen health problems.
- Preventing "Vicious Cycles": Unaddressed social needs, like housing instability, can lead to hospitalization, which then causes income loss and exacerbates the need, creating a cycle of poor health.
- Better Resource Connection: Screening allows providers to connect individuals to community resources for nutrition, transportation, and safety, enhancing overall well-being.
- Improving Health Equity: Identifying and solving disparities in areas like financial stability and neighborhood safety is crucial to closing the life expectancy gap between different communities.



Screening Workflow

1
Identify Need (Screening)
- NMDOH screening completed at intake, annual, or upon self-report
- Conducted by any trained clinical staff

2
Document & Code (EHR Integration)
- Responses entered into structured EHR screener
- Z codes automatically generated based on identified disparities
- Consent obtained at time of screening to remove referral delays

3
Determine Appropriate Resource
- Staff review identified needs and recommended referral types
- Utilize built-in guidance within EHR
- Prioritize community-based, relevant resources

4
Initiate Referral (UNITE US Platform)
- Referral submitted directly through **Unite Us**
- On-platform agencies prioritized
- Off-platform referrals submitted when necessary

5
Track Referral Status (Real-Time Monitoring)
- Referral status visible within UNITE US
- Agencies accept, deny, or request additional information

6
Confirm Outcome (Closed-Loop Completion)
- Referral marked as completed when:
  - Service is delivered **OR**
  - Need is met through an alternative solution
- Ensures accountability beyond “referral made”

7
Update Clinical Record (Z Code + Documentation)
- Z codes updated based on outcome (resolved, ongoing, unmet)
- EHR reflects most current member social needs status

8
Report & Monitor (Continuous Quality Improvement)
- Weekly reports track:
  - Referral volume by site
  - Outcome status
- Data used to drive workflow improvements and accountability

9
Reassess & Continue the Cycle
- NMDOH needs reassessed at future visits
- Workflow repeats as part of ongoing care
- Ensures **continuous, member-centered support**

NMDOH Framework: Key Domains and System Impact

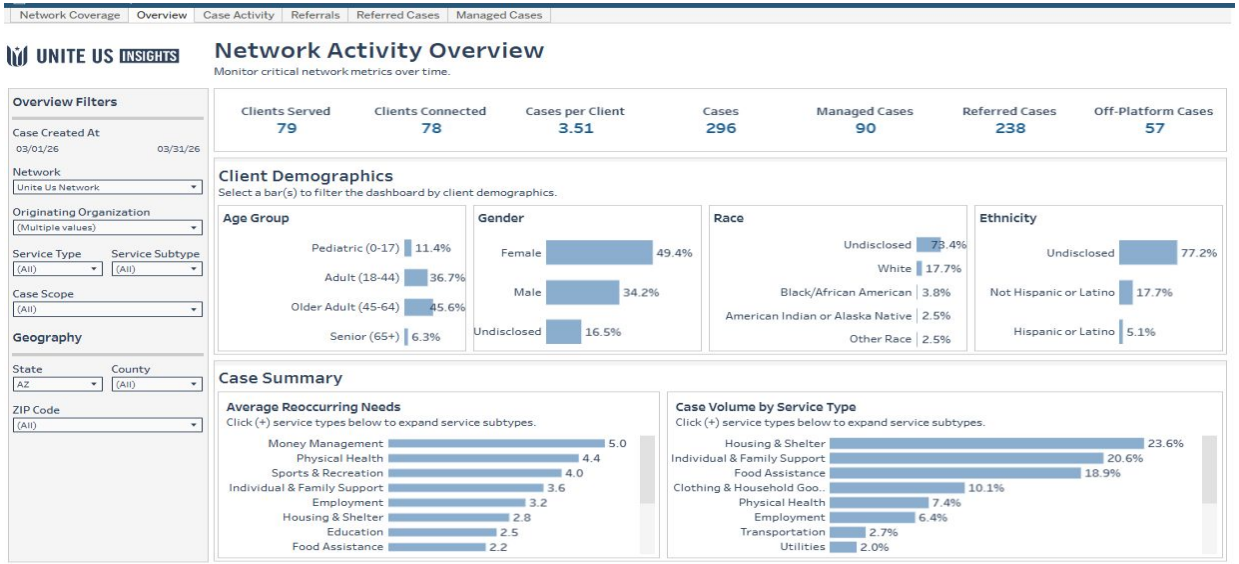
Key Domains Influencing Health Outcomes

- **Employment**
- **Food**
- **Housing and shelter**
- **Justice/Legal involvement**
- **Interpersonal Safety**
- **Social Isolation**
- **Transportation**
- **Utilities**

Impact on Care & Outcomes

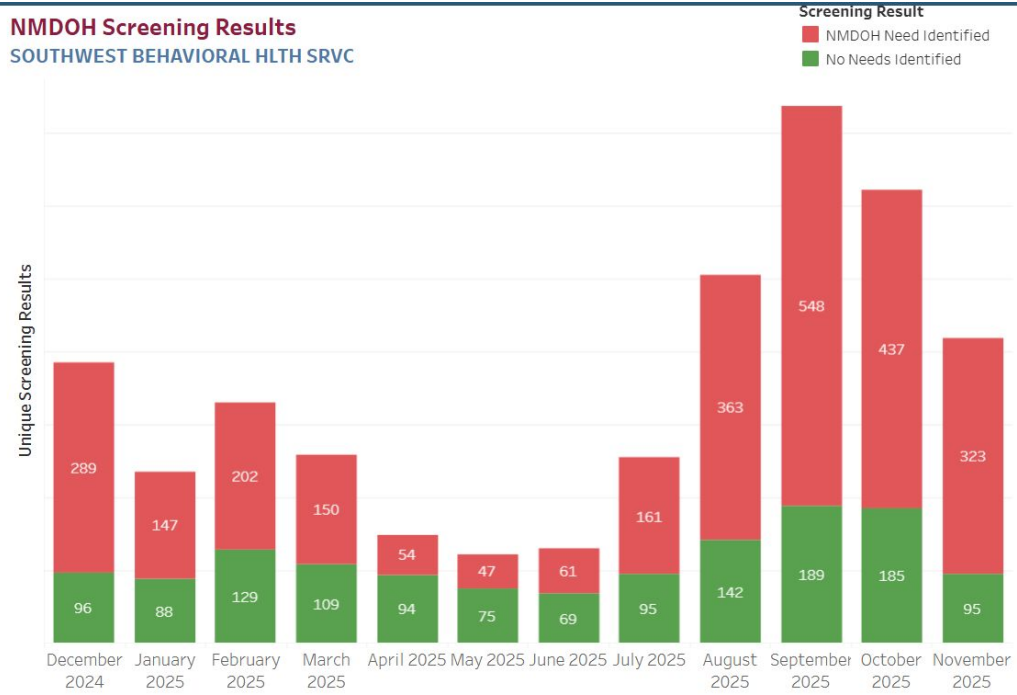
- **Document and track the impact of NMDOH**: Proper documentation helps identify patterns in social and environmental factors affecting health.
- **Improve patient outcomes**: By acknowledging and addressing NMDOH, healthcare providers can tailor interventions to meet patients' broader needs.
- **Comply with regulations and standards**: Accurate coding for NMDOH can help healthcare organizations meet requirements set by payers, including government programs like Medicare and Medicaid.

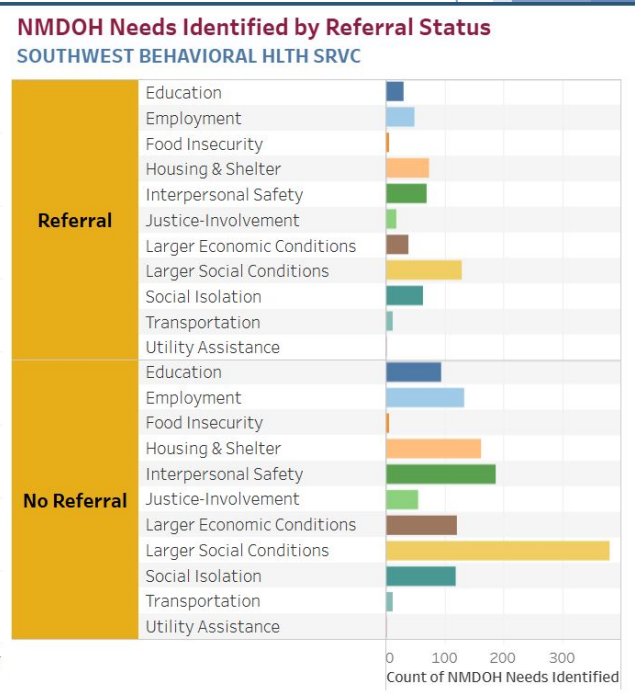
Data Tracking



- Weekly reporting
- Site-level performance
- Referral outcomes monitored

TIPQIC NMDOH Results





Barriers to Implementation and Key Learnings

1. Platform Alignment Across Service Areas

- Initial referrals extended beyond our geographic service region
- Required refinement of filters to ensure localized, relevant resources

2. Learning Curve with Closed-Loop System

- Staff required time to fully understand platform functionality and workflows
- Reinforced the need for structured training and ongoing support

3. Screening Fatigue and Member Engagement

- Members experienced screening fatigue due to repeated assessments across services
- At times, it resulted in reduced engagement or a negative response to overscreening
- Highlighted the need to streamline processes and be intentional with timing and frequency

4. Pre-EHR Workflow Limitations

- Limited ability to consistently track referrals and outcomes
- Resulted in inconsistent follow-up and fragmented processes

5. Need for Standardized Workflow

- Early processes varied across staff and programs
- Highlighted the importance of clear, organization-wide expectations

How We Strengthened Our Approach

Screening Fatigue

- Reduced duplication and focused on key touchpoints
- Shifted to purpose-driven, trauma-informed screening

Platform Alignment

- Prioritized local, service-area-specific resources
- Improved referral accuracy through targeted filtering

Staff Training & Adoption

- Implemented structured onboarding and ongoing training
- Standardized expectations for platform use

EHR Integration

- Embedded NMDOH into EHR workflows
- Automated Z codes and tracking

Workflow Standardization

- Defined clear roles across all staff
- Integrated NMDOH into routine assessments

From Initiative to Standard Practice

- Sustainability was a key focus from the beginning. Rather than building a process dependent on grant funding, we embedded NMDOH into our existing workflows and EHR.
- It is now part of standard practice across all roles, supported by ongoing training and routine data monitoring.
- Because this work is aligned with our mission and integrated into how we deliver care, it is positioned to continue well beyond TIPQIC funding.

Q&A

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Closing

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Closing & Next Steps

- For those interested in CME, an evaluation survey will be distributed following this event and CME certificates will be distributed to those who complete this survey at the end of the month.
- Register for the upcoming Optional QIC session(s)

Questions?

AHCCCS Questions: targetedinvestments@azahcccs.gov
ASU TIPQIC General Inquiries: TIPQIC@asu.edu
Support Tickets: support@TIPQIC.org

Relevant Websites:

- AHCCCS TI: https://www.azahcccs.gov/PlansProviders/TargetedInvestments/
- ASU TIPQIC: tipqic.org
- Dashboards: data.tipqic.org

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